

DEPARTMENT OF HEALTH

OF THE

6

CITY OF NEW YORK

NO. 64

REPRINT SERIES

JANUARY, 1918

THE FUNCTIONS OF A MUNICIPAL SANATORIUM

**A POLICY THAT WOULD CONTROL A GROUP OF SPUTUM-
POSITIVE CONSUMPTIVES NOT NOW REACHED
BY ANY PREVENTIVE MEASURE**

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NEW YORK



*Public health is purchasable. Within natural limitations
a community can determine its own death rate*

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(Continued on third page of cover)



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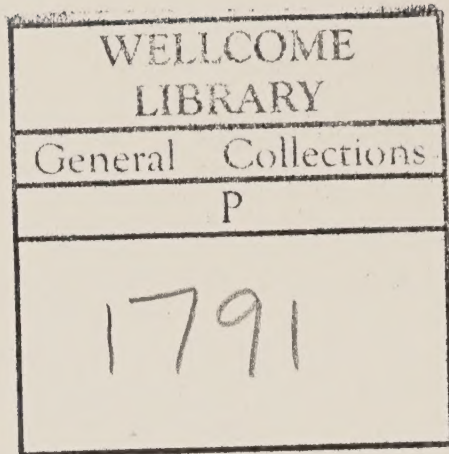
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THE FUNCTIONS OF A MUNICIPAL SANATORIUM

A Policy That Would Control a Group of Sputum-Positive Consumptives Not Now Reached by Any Preventive Measure *

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NEW YORK

Until comparatively recently, the almost exclusive object of the sanatorium was the cure or arrest of pulmonary tuberculosis.

With this point of view universally accepted by tuberculosis specialists, it was logical that only the patients with incipient lesions or very early and distinctly hopeful cases were considered eligible for admission. This view, though in the process of gradual modification, has not yet been entirely eradicated from the minds of some present day leaders in this work, a fact made vividly apparent in the leading article of the October number of the *Journal of the Outdoor Life*.

It must be admitted that the arrest, temporary or permanent, of the disease in those cases still susceptible of arrest, to permit the return of the patients to normal lives, is important—so important an object of sanatorium treatment that no change should be instituted which would jeopardize that result.

It is, however, a fact, which all of those with extensive experience in this field have observed, that in a regrettably large percentage of the not well-to-do, who cannot choose the occupation to which they return, the arrest is extremely temporary. Those of us who have had considerable experience with these patients, both in city clinics and during their return trips to the sanatorium, know that this percentage is larger than we thought some years ago, just how large, the present ineffectiveness of our follow-up work will not permit us to answer. Since this condition exists, if we are fully to justify the up-keep of the sanatorium, we must develop to a higher point of efficiency its other functions that benefit the community. Two other functions of the sanatorium, of prime importance to the community, are the dissemination of *education* on the control of tuberculosis, and *segregation* of

* Read before the Society of the Alumni of Bellevue Hospital, Nov. 7, 1917.

sputum-positive consumptives. The former, education, has been given much study and attention. Much has been accomplished and much still remains to be accomplished in this line. But we are not here primarily concerned with that branch of the subject.

Before discussing the primary object of my appeal, I wish to emphasize the fact that any scheme adopted for the control of tuberculosis in a city, which disassociates, or only loosely associates, the various agencies and factors employed, is doomed to failure, or at best, only partial success. This was realized in England many years ago, and the supervision of all matters governing tuberculosis was placed under the direction of one physician with the title of Tuberculosis Officer.

In most large cities of the United States there are provided hospitals for advanced cases, sanatoriums for the early or hopeful cases, and clinics, with social aid and advice, for the home cases among the poor.

These facilities are provided in fair proportion to the various needs and the purse of the communities. Laws are provided to prevent spitting in public conveyances and other places where persons congregate. Sputum-positive consumptives who are known to be careless are forced into hospitals, and it is generally felt that every practical effort is made to prevent the transmission of tubercle bacilli from the affected to the well. Yet here, as in all work, it is not so much what tools we have, but how well we use them.

There are still a considerable number of people whose sputum is alive with tubercle bacilli, and who travel daily among uninfected susceptible persons. They know they have tuberculosis, and they are making all possible efforts to avoid being a source of infection to others; but can they prevent sneezing or suddenly coughing at times—sometimes when they are close enough to a susceptible person to cause infection? It is impossible. Many of them were told of their disease when it was incipient, and advised to go to a sanatorium. But, being burdened with responsibilities which their conscience would not permit them to drop, they worked on. These people deserve help, and the community deserves protection from them. Yet no law could force them into a detention hospital.

During the first six years that I visited the municipal sanatorium at Otisville, I examined all applicants for admission to that institution. In that time I saw many cases that fell within the category to which I have just referred. The patients were mostly worthy people. Their disease was too far advanced, in most cases, to permit admitting them to the sanatorium. Admission to a tuberculosis hospital in the city was offered and urged, but few accepted the offer. They remained, therefore, an active menace to their own families and to the community at large.

It is this gap, this link missing from the chain, which the sanatorium can fill, without impairing its other functions.

As we know, people so afflicted are a highly sensitive class. Their knowledge of conditions in a tuberculosis *hospital*, aided by a very active imagination, makes them rebel at the thought of going there to die. No amount of argument can persuade them to believe that they would ever improve in one of those hospitals. I must admit that I never really blamed them. I feel that I might act as they do, under similar circumstances.

On the other hand, they look to the sanatorium with hope, which we well know is half the battle. I am quite sure that the proverbial hopefulness of the tuberculous person is a conservative process on the part of the system, as much as is leukocytosis in septic infection.

The conditions for admission to the sanatorium at Otisville have never been so sharp and restricted as for many other sanatoriums, so that, when making the examinations, I admitted quite a number of patients fairly well advanced in the second stage and some in the third stage. In this way we were able to learn that a surprisingly large percentage of this group showed, after some months, improvement far beyond our expectation. Some even attained arrest of the disease. So striking were these results that Dr. Hermann M. Biggs, who was then my superior officer, and I decided to admit as many of this class of patients as our limited infirm-ary capacity would accommodate. I can also state that those of this number who did improve were always among our most grateful, well behaved and creditable sanatorium graduates.

All who have had extensive contact with persons afflicted with pulmonary tuberculosis, examining them while they were under their habitual city conditions, and again in the sanatorium, a week or so later, know how many of their worst symptoms are due to deleterious physical and mental influences in the city.

It is not possible to base the selection of sanatorium patients on pulmonary signs alone. This is so because some patients are very ill from the disease and well beyond a chance of recovery, or material benefit, from any treatment, who present very slight and indefinite physical signs. Elevations of temperature, severe cough, rapid pulse and marked digestive disorders are either, or all, sufficient to cause rejection under some requirements. Yet any, or all, of these and many other symptoms are frequently due solely to conditions involving the patient at the time of his examination.

We have all seen them disappear shortly after proper regimen, air, rest, food and hope—especially hope and renewed courage—have been established. All of these they know they will receive at the sanatorium.

Two conditions are necessary to do justice to these worthy patients and the community at the same time, through the agency of the sanatorium: (1) The examiner who makes the selection must have good human and medical judgment, and (2) sanatoriums now having only from 5 to 10 per cent.

of their total beds in their infirmary must have from 15 to 20 per cent. infirmary capacity.

To avoid disturbance of present sanatorium conduct, standards and general cheerfulness, increase of infirmary capacity should be in the form and position of a new and separate unit—a reception unit. This should be well away from the units now existent, and near the entrance to the sanatorium grounds. It should comprise an infirmary building of several floors, two reception shacks, one small building containing two isolation rooms, and one small pavilion for nurses and help. It would be preferable if the reception unit were placed on a lower level, and not in clear view of the present units.

The infirmary in the reception unit should have a patient capacity of not less than 10 per cent. of the entire sanatorium. Its wards should be modified shack wings, or sleeping porches which could be closed in very severe weather. It should contain isolation rooms, surgical operating room, examining rooms, sleeping quarters for two physicians and two orderlies, and a necropsy room with facilities for storing pathologic specimens. It should contain a roentgen-ray laboratory, and, finally, should be equipped for cooking and serving food for all employees and patients of the unit.

The reception shacks should have a combined capacity of about 8 per cent. of the entire sanatorium.

There should be distinct separation, in this unit, between the women and children on one side, and the men and boys on the other.

All patients admitted to the sanatorium would go directly to the reception unit. They would be seen by a physician of the resident staff when they arrived. Their temperature, pulse and general condition would be determined and noted. This physician would then assign them to one of the reception shacks, or to the infirmary, as their condition indicated. Those admitted to shacks would remain there, under close observation and instruction, for two weeks. By this time a fair estimate of their condition and physical capacity would be obtained. They would then be transferred up the hill, to the sanatorium proper, with a brief memorandum to the physician in charge of their respective unit. Those patients who were not in satisfactory condition for transfer up the hill at the end of two weeks would be retained in the reception shack or transferred to the infirmary of the reception unit, according to the judgment of the resident physician; and later, when their condition warranted, they would be transferred up the hill to their proper unit. As fast as patients in the infirmary improved sufficiently to be up and about, they would be transferred up the hill. In the event of the development of any contagious disease in a new patient (and two weeks would give ample time), this patient would be at once placed in the isolation pavilion. In this way, the likelihood of the introduction of acute contagious diseases into the sanatorium would be reduced to a minimum.

Patients once up the hill, in their proper units, would never be transferred back to the reception infirmary, except for rare and extreme reason. In case of ordinary intercurrent illness, they would be cared for in the infirmary now in the units, which would be retained.

Thus, it is seen that the movement of patients would be always up hill, in the hopeful direction toward improvement and discharge. By this arrangement all deaths would occur in the infirmary of the reception unit, and in one of the isolation rooms. Once a patient was in his proper unit, such occurrences would not be brought to his attention. It could be arranged so that one of the resident staff would have some special training and experience in the performance of necropsies. It is undoubtedly true that permits could be obtained for necropsies in some extremely interesting cases. This postmortem study and evidence could be compared with recorded physical findings with great profit. As an aid to our knowledge of tuberculosis and the education of the staff, this admits of no discussion.

Municipal sanatoriums of large cities, where the great number of patients supplies unlimited opportunity for observation and study, should, in my opinion, be so complete in the various stages of the disease and its complications, with facilities for studying it during life and at necropsy, that they would be virtually postgraduate schools, from which the entire community could draw competent and well versed experts. Every community is, in a measure, enriched according to the knowledge and experience of its physicians. And the fuller education of the sanatorium medical staff would be advanced materially by employment of the foregoing suggestions.

I do not wish to give the impression that this is the first plea I have made for the admission of patients with more advanced cases to the sanatorium. I have advocated this policy on several occasions and for several years. The chief argument raised against this suggestion has been that such patients would occupy beds which could return more good if filled by persons with incipient cases, which give more promise of cure or arrest of the disease. All I have said is in partial answer to this objection, but I will add two specific answers in addition.

1. Now, in 1918, and at many times in the years before, we have found that, in spite of the great number of cases of tuberculosis recorded in New York City, we have carried a number of vacant beds in the municipal sanatorium at Otisville for various reasons, some open to discussion, others obvious. But the fact remains that the beds are vacant.

2. It is, I believe, reasonable to assume that at least one in twenty, in other words 5 per cent., of sputum-negative patients, now in sanatoriums, have not tuberculosis as a clinical entity. It appears to be impossible to avoid this. And no specialist has seriously objected to the tenancy of

this irreducible minimum of waste beds in the sanatorium. Yet these, with their sputum, if they raise any, always negative, are affording no relief to the community by remaining segregated. If it is fair to house and feed this 5 per cent. at public expense, is it not a thousand times more just to give a chosen number of conscientious persons, who are really sick, with positive sputum, a chance at sanatorium advantages, even if only 5 per cent., a very conservative figure, should attain arrest of their disease or marked improvement? Especially does this seem desirable since, as I have shown, it can be done without sacrificing any benefits now derived from the sanatorium.

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(Continued on fourth page of cover)

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